NORTH SEATTLE VETERINARY CLINIC

New Owner/Patient Information

OWNER INFORMATION

Last Name	First	Date
Street Address		Apt/Unit #
City	State	ZIP
Primary Phone — Text/SMS okay? Yes ☐ No ☐		Other Phone(s)
Co-Owner Last Name	Co-Owner First Name	Co-Owner Primary Phone
Email Address		
How did you hear about us? Personal Reference ☐		Who may we thank? _____

Internet/Website ☐ _____ Clinic Sign/Area ☐ Other Vet/ER Referral ☐ Shelter/Rescue Group ☐ Other ☐ _____

PET INFORMATION

Name			**Age/DOB** (or best estimate)
Species Cat ☐ Dog ☐ Other ☐ (Please Specify)			
Breed			% Time indoors _____ % Time outdoors_____
Color			
Sex Male ☐ Neutered ☐	Female ☐ Spayed ☐		Age when surgery performed?
Microchipped NO ☐ YES ☐ If Yes: Brand			Chip#

VACCINATIONS

Name of clinic where vaccines were last given _____ *Please fill in dates given below:*

DOGS Distemper combo ☐ _____ Leptospirosis ☐ _____

Bordetella/Kennel Cough ☐ _____ Rabies ☐ _____ Tag #_____

Has your dog been blood tested for Canine Heartworm disease? Yes ☐ Date_____ No ☐ Don't Know ☐

CATS Distemper Combo ☐ _____ Leukemia Vaccine ☐ _____

Rabies ☐ _____ Tag# _____

Has your cat been blood tested for Feline Leukemia or FIV viruses? Yes ☐ Date_____ No ☐ Don't Know ☐

FERRETS Distemper Combo ☐ _____ Rabies ☐ _____ Tag# _____

Is your pet currently on any medication(s) ? No ☐ Yes ☐ If yes- Please list:

Please list any known allergies to drugs, foods, fleas, etc. :

What is your pet's current diet and feeding schedule (including treats)?

Date & brand of last flea treatment?	Date of last Fecal/Stool exam?

SIGNATURE OF OWNER OR AGENT

I hereby certify I am the owner or appointed agent and authorize treatment of the above animal and understand payment is due at time of service/discharge.

Signature _____Date _____